

BRUCE E. NOWAK
Mayor

JANICE DREYER
Village Clerk



111 WEST LAUREL STREET
MILLSTADT, ILLINOIS 62260

PHONE: 618-476-1514
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www.villageofmillstadt.org

APPLICATION FOR A SIGN ZONING CERTIFICATE

Date of Application _____

ZC Number _____

The undersigned hereby applies to the Village of Millstadt, Millstadt, Illinois for a zoning certificate for the following use. Said certificate to be issued on the basis of the information contained within this application and its attachments. This application is to be submitted to the office of the Zoning Inspector.

1. Land Owner's Name _____ Home Phone: _____
Mailing Address _____ Work Phone: _____
2. Location of Lot _____
Permanent Parcel Number _____
3. Reason For Zoning Certificate: Pole Sign _____ Wall Sign _____ Temporary _____
4. Zoning District: _____
5. Existing Use of Building(s) and/or Lot _____
6. Dimensions of Proposed Sign:
Width _____ Feet Height _____ Feet
Area _____ Sq. Ft.
Set Back From Right of Way _____ Feet

IT IS UNDERSTOOD AND AGREED THAT ANY ERROR, MISSTATEMENT, MISREPRESENTATION OF FACT OR EXPRESSION OF FACT, WHETHER INTENDED OR NOT, THAT WOULD CAUSE A ZONING CERTIFICATE TO BE ISSUED, THAT WOULD OTHERWISE BE DENIED, SHALL CONSTITUTE SUFFICIENT GROUND FOR REVOCATION OF ZONING CERTIFICATE AT ANY TIME. THE APPLICANT HEREBY CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION AND ITS ATTACHMENTS ARE TRUE AND CORRECT. THE APPLICANT FURTHERMORE UNDERSTANDS THAT THIS CERTIFICATE SHALL BECOME NULL AND VOID AND OF NO EFFECT ONE (1) YEAR FROM THE DATE OF ISSUANCE UNLESS CONSTRUCTION IS STARTED.

SIGNATURE OF APPLICANT _____ DATE _____

DATE RECEIVED _____ FEE PAID \$ _____ CASH _____ CHECK NUMBER _____

DATE OF ACTION APPLICATION _____ APPROVED _____ DENIED _____

IF APPLICATION IS DENIED, REASON FOR DENIAL: _____

SIGNATURE OF VILLAGE OF MILLSTADT INSPECTOR _____